



MUNICIPAL PUBLIC HEALTH NURSING SUPERVISOR

Provides public health nursing services through health clinics, health education, and disease prevention. Monitors community health indicators and responds with appropriate and effective public health interventions. Supervises and coordinates activities of part-time nursing personnel. Develops division budget and oversees budget administration. Participates in public health emergency preparedness activities.

Position requires a Master's degree in nursing from an accredited school. Plus five to seven years of public health and/or community health experience. Applicant must be licensed by the State of Connecticut to practice as a Registered Nurse and must also hold a current motor vehicle Operator's License. Salary Range \$65,681 to \$85,383 per year with excellent benefits.

The application process will remain open until sufficient applications are received.

The Town of East Hartford is an Equal Opportunity Employer

TOWN OF EAST HARTFORD

TITLE: Public Health Nursing Supervisor

GRADE: 108

DEPARTMENT: Health

DATE: 12/10/02

GENERAL DESCRIPTION

This is very responsible community health work involving planning, organizing and directing the nursing division of a municipal Health Department.

Work involves responsibility, supervision and coordination of activities of nursing personnel in a community health agency. Duties include scheduling, assigning and overseeing the activities of the nursing division staff and providing a variety of occupational health services for municipal employees. This position also has the responsibility for making difficult technical nursing and supervisory decisions. The work requires that the employee have considerable knowledge, skill and ability in Public Health Nursing, occupational health issues and emergency infection parameters.

SUPERVISION RECEIVED

Works under the direction of the Director of Health & Social Services.

SUPERVISION EXERCISED

Supervises a small group of nurses.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Supervises and coordinates activities of nursing personnel. Participates in the hiring process.
- Monitors community health indicators and responds with appropriate and effective public health interventions.
- Coordinates and provides nursing assistance with a number of occupational health services such as regular physical examinations for public safety employees, employment physicals for new hires, screening programs for employees who use respirators in their work and those employees whose work involves application of pesticides. Also participates in OSHA mandated screenings for TB skin tests and hepatitis B vaccine administration and record keeping.
- Serves as liaison between Nursing and Environmental Health Divisions. Serves as liaison with state and community agencies and organizations which are involved in improving community health.
- Reviews, evaluates and interprets nursing records, vital statistics and other data affecting health service in order to assess community needs to plan programs to meet those needs.
- Prepares a variety of reports for the Director of Health and the State Department of Health. Keeps Director informed of emerging issues.
- Plans, schedules and oversees and provides staffing for flu vaccine clinics. Maintains adequate vaccine inventory and orders and arranges pickup for State Immunization Program vaccines.
- Develops standards and procedures for providing nursing care and evaluating service. Provides orientation, teaching and guidance to improve quality and quantity of service.
- Participates in planning educational programs for nurses, related professional workers and community groups to meet needs of personnel and practitioners.

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- Participates in the development of the division budget and oversees budget administration.
- Assists Emergency Response Coordinator (ERC) with medical and clinical preparedness applicable to bioterrorism response preparedness for the Department of Health & Social Services.
- Coordinates and disseminates information between Centers for Disease Control (CDC) and Health Department Nursing staff.
- Assists the ERC in coordination, collaboration and institution of liaisons and agreements with community health agencies and personnel in conjunction with ERC responsibilities.

KNOWLEDGE, SKILLS, AND ABILITIES

- Thorough knowledge of the principles and practices of nursing and public health nursing services.
- Thorough knowledge of federal, state and local health regulations and policies related to nursing services.
- Considerable knowledge of occupational health issues.
- Considerable knowledge of emerging infection parameters with particular sensitivity and understanding of cultural/ethnic diversity.
- Considerable ability to express oneself clearly and concisely, orally and in writing.
- Considerable ability to establish and maintain effective working relationships with coworkers, associates, other departments and agencies, clients and the general public.
- Good knowledge of OSHA and occupational health nursing.

QUALIFICATIONS

A master's degree in nursing from an accredited college or university plus five to seven years of public health and/or community health experience.

SPECIAL REQUIREMENTS

Current State of Connecticut license as a Registered Nurse. Must have valid State of Connecticut driver's license.

TOOLS AND EQUIPMENT USED

Automobile, computer, spirometry machine, audiometer and acoustic ear apparatus, syringes, vaccine, needles and other standard office equipment and medical equipment used by nursing professional.

PHYSICAL AND MENTAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Work is performed in an office setting and at various locations (clinics, client homes). Hand-eye coordination is necessary when performing nursing duties. While performing the duties of this job, the employee is occasionally required to stand, walk; use hands to finger, handle, feel or operate equipment; and reach with hands and arms. The employee is occasionally required to sit, climb; stoop, kneel, crouch; talk and listen. The employee must occasionally lift and/or move up to 20 pounds. Specific vision abilities required for this job include close vision, distance vision, peripheral vision, depth perception, and the ability

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to adjust focus. This position requires the ability to define problems, collect data, establish facts and draw valid conclusions.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of the job, the employee occasionally works at locations which may, on occasion, be moderately uncomfortable. There is also considerable risk of exposure to body fluids which may carry contagious disease. The noise level in the work environment is usually quiet in the office and moderate in the field.

GENERAL GUIDELINES

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.



TOWN OF EAST HARTFORD

740 Main Street
East Hartford, Connecticut 06108
www.easthartfordct.gov

Phone
(860) 291-7221

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

APPLICANT'S NAME (LAST, FIRST, MIDDLE)				
STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE	HOW LONG?
TELEPHONE NUMBER (HOME)		TELEPHONE NUMBER (Cell)		
POSITION APPLIED FOR Public Health Nursing Supervisor				
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
AVAILABILITY <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		DATE AVAILABLE FOR WORK		

EDUCATION

Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", highest grade completed: _____		
Name of high school: _____	Do you have a high school equivalency Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address: _____	Place HS equivalency was granted: _____		
List all colleges, business schools or technical schools you attended in chronological order, most recent listed first:			
School	Address	Course/Major	Degree/Certificate
List any licenses or certificates required for the position for which you are applying (e.g., CDL, nursing, engineering), including date of issue, issuing authority, expiration date and license/certificate number.			
List any special courses, training programs or other training that is relevant to the position for which you are applying, including name and location where training was given, certificate received, if any, dates attended, subject of training, number of hours weekly (attach additional sheet if necessary).			
List any office equipment or machinery you can operate that is relevant to the position for which you are applying.			

RECRUITING INFORMATION How did you hear about this job? (Please check one)	<input type="checkbox"/> Newspaper Name of Newspaper: _____	<input type="checkbox"/> Community Agency Please give name: _____
	<input type="checkbox"/> Town Employee Name _____	<input type="checkbox"/> Internet name of website: _____
	<input type="checkbox"/> Referral Service Please give name: _____	<input type="checkbox"/> Other _____

List below, chronologically (most recent dates first) each place you were employed, omitting none (attach additional sheet(s) if necessary). Give correct, full addresses, and dates of non-employment in proper sequence. Include all part-time employment.

YOU MUST COMPLETE THIS SECTION EVEN IF YOU ARE ATTACHING A RESUME

IMPORTANT: May we contact your present employer? ☐ YES ☐ NO

Name of Employer		Job Title	
Address		City	State Zip Code
Dates of Employment:	Name and Title of Supervisor		Telephone Number
From _____ / _____ month year	Description of duties, responsibilities, and significant accomplishments:		
To _____ / _____ month year			
Salary:			
Starting \$_____ per _____			
Ending \$_____ per _____			
# Hrs. Worked Weekly	Reason For Leaving		

Name of Employer		Job Title	
Address		City	State Zip Code
Dates of Employment:	Name and Title of Supervisor		Telephone Number
From _____ / _____ month year	Description of duties, responsibilities, and significant accomplishments:		
To _____ / _____ month year			
Salary:			
Starting \$_____ per _____			
Ending \$_____ per _____			
# Hrs. Worked Weekly	Reason For Leaving		

Name of Employer		Job Title	
Address		City	State Zip Code
Dates of Employment:	Name and Title of Supervisor		Telephone Number
From _____ / _____ month year	Description of duties, responsibilities, and significant accomplishments:		
To _____ / _____ month year			
Salary:			
Starting \$_____ per _____			
Ending \$_____ per _____			
# Hrs. Worked Weekly	Reason For Leaving		

Have you ever been discharged from a place of employment for cause? ☐ YES ☐ NO
If yes, please describe _____



CERTIFICATION (READ CAREFULLY)

I hereby certify that the information I have provided on this application, including any attachments, is true and complete. I understand that if I falsify, omit or misrepresent any information on this application, or during an employment interview, should I be granted one, I may be disqualified from the selection process or discharged from employment, whenever the falsification or omission is discovered.

I understand that all statements made on this application are subject to verification. I authorize all persons or organizations listed on this application, except my current employer if noted above, to provide the Town with any and all information they may have concerning my previous employment, personal history, education and any other subjects covered by this application, and hereby release them, the Town, and the Town's current and former agents and employees from liability for any harm resulting from the disclosure of such information.

I understand that this application is not an employment contract, job offer or guarantee of employment. I further understand that if I receive a job offer, it is conditioned on my satisfactory completion of a criminal history check, drug test, medical examination and any other conditions listed in the job offer letter.

Signed _____

Date _____



Name: _____ Position Applied For _____

References: List below three individuals who can describe your qualifications for this position, preferably supervisors, professors, colleagues, etc.

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

TOWN OF EAST HARTFORD CRIMINAL CONVICTION INFORMATION

You are required to list any criminal conviction, regardless of the nature, date or location of the conviction, except for minor traffic offenses or a conviction that has been erased under Connecticut law. Attach additional sheets of necessary.

The types of criminal records subject to erasure under Connecticut law are: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which you were found not guilty; and (e) a conviction for which you received a full pardon. If your only criminal record consists of items that have been erased under Connecticut law, then you are deemed never to have been arrested with respect to the erased proceeding and may swear so under oath.

This information will be made available only to the members of the Human Resources Department and to those persons interviewing the candidate.

A criminal conviction will not necessarily disqualify you from the application process, but will be considered as it relates to the position you are seeking and in light of any applicable state or federal law.

Date of Conviction	Offense	Location of Conviction (City and State)	Sentence	Date Sentence Completed

The information provided above is subject to all of the terms and conditions set forth in the certification on page 3 of the employment application form.

Name (Print)

Position You Are Seeking

Applicant's Signature

Date

AUTHORIZATION & RELEASE

(GENERAL EMPLOYMENT)

TOWN OF EAST HARTFORD
DEPARTMENT OF HUMAN RESOURCES
740 MAIN STREET
EAST HARTFORD, CT 06108
(860) 291-7220

DISCLOSURE NOTICE TO JOB APPLICANTS

In connection with your employment application, a consumer report, and/or an investigative consumer report including information with respect to your credit history, criminal convictions, motor vehicle violations, employment history, education, character, general reputation, and personal characteristics, whichever are applicable, may be made. You have the right within a reasonable period of time after receipt of this notice to make a written request for additional information as to the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act. Such requests should be mailed to the address above.

In consideration of the Town of East Hartford's acceptance of my application to be considered for employment with the Town, I hereby voluntarily authorize the Town of East Hartford and its officers, officials, employees and agents to conduct a personality survey and to investigate my past employment history and activity, educational background, financial records, medical records, military records, criminal records, motor vehicle records, background investigation records, or whatever confidential or privileged information necessary to complete this investigation of my suitability to become an employee of the Town.

I hereby agree to cooperate in such investigation and acknowledge receipt of the above Disclosure Notice. I understand and agree that the Town may use copies of this Release to obtain information about me from whatever sources it deems necessary to interview, and expressly authorize such sources to provide assistance to me and the Town in my efforts to be employed by the Town of East Hartford. I also request that sources contacted by the Town accept a photocopy of this Release in lieu of an original, and hereby release and agree to indemnify and hold harmless any and all persons, including corporations and other business entities who may assist the Town in its efforts to determine whether or not I am a suitable candidate for employment.

I hereby acknowledge that I have read and fully understand the contents of this document and have freely signed same. I also agree that, if hired, this authorization shall remain on file and shall serve as an ongoing instrument for the Town of East Hartford to procure investigation reports at any time during my employment period.

This form must be notarized or witnessed by EHHRD in order to be considered for employment

Signature: _____ Date Signed: _____

Print Name: _____ Social Security No.: _____ - _____ - _____

Address: _____ State: _____ Zip Code: _____

Subscribed and Sworn to before me, a Notary Public, in and for County of _____,
and State of _____, this _____ day of _____, 20____.

Notary Public /or

My Commission Expires:

Witness -East Hartford Human Resource Dept.

Revised 02/08